



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

[coloradomedicaid .consultec-inc.com](http://coloradomedicaid.consultec-inc.com)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Home Health Providers

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New Long Term Home Health (LTHH) PAR Form

The Medicaid Staff Manual Volume 8, 8.523.K.2 describes Long Term Home Health (LTHH) as Medicaid-reimbursed Home Health services that are:

- a) Provided for 120 calendar days or longer, or
- b) Provided for less than 120 calendar days when services are provided solely for the care of chronic conditions. [see Home Health Definitions]

Volume 8, 8.527.11.A (Prior Authorization Process for *SEP Clients) and B (Prior Authorization Process for **Non-SEP Clients), explains the authorization process for long term home health clients.

Effective July 1, 2001, all non-HMO Long Term Home Health services for Medicaid clients will require a Prior Authorization Request (PAR). The new PAR form with instructions is attached to this bulletin. On July 1st, current LTHH clients will need a completed PAR prior to the next certification period date on the HCFA-485 plan of care. Clients admitted on or after July 1st require a PAR on admission. All LTHH PARs will cover a period of up to one year. PAR dates for *Single Entry Point (SEP) clients must match the HCBS authorized dates of service.

Follow the procedures for submitting a *completed* PAR at Volume 8.527.11.A.3 for *SEP clients, and at 8.527.11.B.4 for **Non-SEP clients. Submit PARs for *SEP clients to the local SEP/Options for Long Term Care (OLTC) agency. A list of agencies is attached to this bulletin. If you do not know whether the client is active with HCBS, call the SEP agency for information. Submit PARs for **Non-SEP clients to ACS, PO Box 1100, Denver, Colorado, 80201.

Remember to print your last name and first initial next to your signature on the PAR form. If there are questions about the PAR, the authorizing agent will need this contact information

Explanations of the EPSDT and Case Status fields

1. EPSDT PAR Request **yes__ no__**

EPSDT is Early Periodic Screening, Diagnosis, and Treatment. This section is a flag area. The SEP and/or ACS will return PARs checked "yes". If the requested services are under EPSDT, please submit the PAR form and required documentation to:

Colorado Foundation for Medical Care,
Attention: Sharon Bren, RN
PO Box 17300
Denver, CO, 80217-0300.

2. Case Status new___ ongoing___ readmit___

Answer the questions by checking the appropriate box.

- Is this client *new* to home health services at the PAR start of care date?
- Is this an *on-going* case with a start of care prior to the implementation of the LTHH PAR rule, or is this a continuation of services?
- Was this client previously under your care for home health, discharged, and *re-admitted*?

Private Duty Nursing (PDN) information

Agencies providing PDN services must have access to and an understanding of the PDN rules in Volume 8, 8.540-8.549. Some agencies have had difficulty staffing PDN clients. In some cases, two agencies can provide PDN services to clients. If the admitting agency is unable to provide the needed services, they may contract with a second agency to staff the remaining hours (8.545.14.A.2 & .3—Home Health Agency Provider Requirements). Coordination and supervision of services is an important function of the admitting/primary agency. Clients who are eligible for PDN and who also meet requirements for Home Health are allowed to choose either or a combination of both as long as the regulations are met, and there is no duplication of services.

Please continue to notify the CFMC nurse reviewer of client discharges or deaths. The reviewer cannot close the file without this confirmation/notification from the Home Health Agency.

Included with this Bulletin is a new form, called the PDN Checklist, to assist providers of PDN in submitting a complete PAR packet.

EPSDT Extraordinary Home Health issues

New forms for the EPSDT Extraordinary Home Health PAR packet are included with this Bulletin. An EPSDT checklist ensures that all information for timely approval is included with the request. The EPSDT Agency information sheet and EPSDT Client information sheet contain the information required to approve the authorization request.

For any questions about completing these forms please call:

Sharon Bren, RN at CFMC,
303-695-3300, extension 3035.

Definitions

* **SEP clients** include clients currently receiving services from the following programs:

- Home and Community Based Services for the Elderly, Blind and Disabled (HCBS-EBD)
- Home and Community Based Services for Persons Living with AIDS (HCBS-PLWA)
- Home and Community Based Services for the Brain Injured (HCBS-BI)
- Adult Foster Care (AFC)
- Home Care Allowance (HCA)

****Non-SEP clients** include clients not currently enrolled in the above programs, including but not limited to:

- Home and Community Based Services for Persons with a Mental Illness (HCBS-MI)
- Home and Community Based Services for the Developmentally Disabled (HCBS-DD)
- Supported Living Services waiver (SLS)

Home and Community Based Services for the Elderly, Blind and Disabled (HCBS-EBD) and Persons Living with AIDS (HCBS-PLWA)

Effective July 1, 2001 SEP case managers will have "Final Authorizing Agent" authority for Prior Authorization Requests (PAR) for HCBS-EBD and HCBS-PLWA services, except for home modifications over \$1,000. The case manager will continue to submit HCBS-EBD and HCBS-PLWA PARs to the fiscal agent for data entry. Any questions related to the "approval status" of an HCBS-EBD or HCBS-PLWA PAR should be directed to the SEP (see list of SEP agencies attached. Home modification PARs over \$1,000 will continue to be reviewed for approval and denial by the fiscal agent or the Department of Health Care Policy and Financing.

Please direct questions about Medicaid billing or this bulletin to:

Medicaid Provider Services

(303) 534-0146

1-800-237-0757

**Colorado Medicaid
Prior Authorization Request (PAR) Form
Long Term Home Health**

See forms

Completing the Prior Authorization Request (PAR) Form For Long Term Home Health

A PAR form must be completed for all Long Term Home Health (LTHH) services provided to Medicaid clients who are not participating in an HMO. Complete the PAR form and send both copies to the authorizing agent. Photocopy for your records if needed prior to return from the authorizing agent.

Send Non-Single Entry Point, Non-HMO LTHH PARs to:

**ACS
P.O. Box 30
Denver, CO 80201-0030**

Send Single Entry Point, Non-HMO LTHH PARs to:

**Local Single Entry Point Agency
(Options for Long Term Care Agency)**

PAR field instructions

1. **Client State ID Number** - Required. Enter the client's state identification number exactly as it appears on the current eligibility inquiry.
2. **Client Name** - Required. Enter the client's last name, first name and middle initial exactly as it appears on the current Medicaid Authorization Card (MAC) or eligibility inquiry.
3. **County Number** - Required. Enter the county number that identifies the client's county of residence. The code is listed on the current MAC or eligibility inquiry.
4. **Sex** - Required. Enter an "X" next to Male or Female.
5. **Birth Date** - Required. Enter the client's birth date exactly as it appears on the current MAC or eligibility inquiry using MMDDCCYY format. Example: January 1, 1988 = 01011988.
6. **Service Start Date** - Required. Use MMDDCCYY format. **Non-SEP client:** Enter the date the service(s) will begin. For subsequent services, do not overlap dates submitted on the previous PAR. **SEP client:** Enter the SEP certification date.
7. **Service End Date** - Required. Use MMDDCCYY format. **Non-SEP client:** Enter the date through which the service(s) will be provided according to program rules. For subsequent services, do not overlap dates submitted on the previous PAR. **SEP client:** Enter the SEP certification date.
8. **Client Address** - Required. Enter the client's full address: Street, city, state, and zip code.
9. **Client Phone Number** - Required if applicable. Enter the client's telephone number, including the area code, if the client has a telephone.
10. **Services Requested** - Required. Select the service(s) being requested for the client.
11. **Revenue Code** - Preprinted. The code(s) listed on the PAR must be the code(s) used on the claim form.
12. **# of Units Requested** - Required. Enter the number of units requested for each service.
13. **Unit Rate** - Required. Enter the current rate.
14. **# of Units Approved** - Leave blank. The authorizing agent completes this field.
15. **Total \$ Approved** - Leave blank. The authorizing agent completes this field.
16. **Approved/Pended/Denied** - Leave blank. The authorizing agent completes this field. Approved = A, Pended = P, Denied = D
17. **Client's Case Status** - Required. Enter an "X" in the applicable box. New Admit, Ongoing, Re-admit
18. **Client's Living Arrangements** - Required. Enter an "X" in the box next to the applicable living arrangement.
19. **EPSDT Request** - Required. Enter an "X" next to either the Yes or No.
20. **Primary Diagnosis Code from ICD-9-CM** - Required. Enter the primary ICD-9-CM diagnosis code from the Home Health HCFA 485 Plan of Care.
21. **Referral Codes and Discharge Codes** - Required. Check the "R" next to the appropriate Referral Codes for admits or re-admits. Check the "D" next to the appropriate Discharge Codes for discharges. Do **not** use these codes for ongoing cases.
22. **Primary Care Physician (PCP) Name** - Required. Enter the PCP's name exactly as it appears on the on the current MAC or eligibility inquiry, or enter the name of the physician ordering Long Term Home Health Services.
23. **PCP Phone Number** - Required. Enter the PCP's telephone number, including the area code.
24. **PCP Provider Number** - Required. Enter the PCP's eight digit Medicaid provider number. The provider number is on the HCFA 485 form.
25. **Home Health Agency Name and Address** - Required. Enter the complete name and address of the provider requesting the services.
26. **Home Health Agency Phone Number** - Required. Enter the requesting provider's telephone number, including the area code.
27. **Home Health Agency Signature** - Required. The provider's representative must sign the PAR form. A rubber stamp facsimile signature is not acceptable on the PAR.
28. **Date Signed**. Enter the date the PAR form is signed by the requesting provider.
29. **Home Health Agency Provider Number** - Required. Enter the eight-digit Medicaid provider number of the provider requesting the services.
30. **Narrative statement of reason(s) for all denied unit(s)** - Leave blank. The authorizing agent completes this field.

Authorizing Agency must complete the following fields:

Authorizing Agency Representative Signature - Required

SEP Provider ID # - Required

Date - The date of authorization

Narrative statement of reason(s) for all denied unit(s) - Required

Denials are based on the following Medicaid Regulation(s) - Required. List the regulation citation number from the Medicaid Staff Volume 8, Home Health Rules.

Home Health Definitions

Acute	Long term	Long term with acute episode
Less than 120 calendar days	120 calendar days or longer for chronic conditions	Being treated for 120 calendar days or more for chronic conditions with an occurrence of exacerbation, or new problem lasting 120 days or less
For treatment of acute conditions which resolve (up to 120 days)	Provided for care of chronic conditions only, even if duration of needed treatment is less than 120 days	Provided for care of an acute episode of: <ul style="list-style-type: none"> • Infection • New medical condition • Post-surgical recovery • Follow up to hospitalization • Exacerbation of chronic condition • New diagnosis of chronic condition • Complications of pregnancy
Provided for care of acute episodes such as: <ul style="list-style-type: none"> • Infection • New medical condition • Post-surgical recovery • Follow-up to hospitalization • Exacerbation or severe instability of chronic condition • Complications of pregnancy 		

**Single Entry Point Districts
Options for Long Term Care**

Counties served	Agencies
Adams	Donald M. Cassatas, Ph.D., Director Adams County Dept of Social Services Mary Dwyer, OLTC Supervisor 7190 Colorado Boulevard, 4 th Floor Commerce City, CO 80022 Contact: Edie Wright (303) 227-2283 David Rodgers (303) 227-2308 Mary Dwyer (303) 227-2284 (303)287-8831 FAX: (303)227-2327 edie.wright@dss.co.adams.co.us
Alamosa, Saguache	Julie Geiser, Agency Director Alamosa County Nursing Service 403 Santa Fe Avenue Alamosa, CO 81101 Contact: Kim Canty (719)589-6639 FAX: (719)589-1103 julie_geiser@hotmail.com kimcanty@hotmail.com
Arapahoe, Douglas, Elbert	Florence Jones, Director Home Care Management, Inc. 5601 South Broadway, Suite 401 Littleton, CO 80121 (303) 797-5577 Contact: Amy Hayes (303)797-5588 FAX: (303)738-1949 Intake: 303-797-5594 fjones@homecaremanagement.com ahayes@homecaremanagement.com
Bent, Kiowa	Debbie Six, RN, Director Bent County Nursing Service 701 Park Avenue Las Animas, CO 81054 Contact: Lynn Lewis (719)456-0517 FAX: (719)456-0518 bcns@ria.net
Boulder, Gilpin, Clear Creek	Barbara Wilkins-Crowder, Contract Manager Adult Care Management, Inc., Tri-County Office 12 Garden Center, #220 Broomfield, CO 80020-1700 (303-473-8495- pager) (303)439-7011 FAX: (303)439-7726 wcjandb@gateway.net J.C. Lodge, Executive Director (303)964-2440 Adult Care Management, Inc. 2460 W 26 th Ave, #260C Denver, CO 80211 (303)561-3666 FAX: (303)561-3634 jclodge@aol.com

Counties served	Agencies
Conejos, Costilla	Debora Gabbel RN, Administrator Conejos County Nursing Service PO Box 78 Mailing Address La Jara, CO 81140 Physical Address: 19023 State Highway 285 South La Jara, CO 81140 Contact: Darleen Hawkins (719) 274-4307 FAX: (719) 274-4309 ddhawks@hotmail.com
Delta, Gunnison, Hinsdale	William C. Lemoine, Director Delta County Dept of Social Services Courthouse Annex 560 Dodge Street Delta, CO 81416 Contact: Ruth Trumpfheller (970)874-2048 FAX: (970)874-2068 trump@deltacounty.com
Denver	Director of Adult Services Denver County Dept of Human Services 1200 Federal Boulevard Denver, Co 80204-3221 Contact: Donald J. Burt (720)-944-2901 (720) 944-2993 FAX: (720) 944-3094 don.burt@dhs.co.denver.co.us Subcontractor: Home Care Management, Inc. Florence Jones, Executive Director 1900 Grant, #400 Denver, CO 80203 Contact: Amy Hayes (832-0553) (303) 863-1665 FAX: (303) 863-1688 Intake: 303-832-0540 fjones@homecaremanagement.com ahayes@homecaremanagement.com
El Paso, Teller	Laurie Tebo, Executive Director Home and Health Care OLTC 2812 E Bijou Colorado Springs, CO 80909 Contacts: Kris Abbott x122 Bregitta Hughes x102 (719) 457-0660 FAX: (719) 457-0762 ltebo@surftee.com
Fremont, Park, Chaffee, Lake, Custer	Mary Elin Stratton, M.A. Central Mountain OLTC 172 Justice Center Road Canon City, CO 81212 Contact: Jehnell Giganti (719) 275-2318, x3032 FAX: (719) 275-5206 maryelin.stratton@state.co.us

Counties served	Agencies
Garfield, Grand, Jackson, Summit, Moffat, Rio Blanco, Routt, Eagle, Pitkin	Margaret Long, Director Garfield County Dept of Social Services PO Box 580 Glenwood Springs, CO 81602-0580 Physical Address: 2014 Blake Street Glenwood Springs, CO 81601 (970) 945-9191 FAX: (970) 928-0465 Contact: Linda Byers lbnwoltc@aol.com margaret.long@state.co.us Rifle Office: (800)494-9474 FAX: (970)963-8731 also (970)625-0927
Jefferson	Larry McDowell, Deputy Director (Administrator) Jefferson Cty Dept of Human Services 900 Jefferson County Parkway Golden, CO 80401 (303) 271-4340 Contact: Tom Hitpas (303)271-4255 (303)271-4216 FAX: (303)271-4207 lmcdowell@co.jefferson.co.us thitpas@co.jefferson.co.us
Kit Carson, Lincoln, Cheyenne	Kindra Mulch, RN, Nursing Supervisor Kit Carson County Public Health PO Box 70 Burlington, CO 80807 Physical Address: 252 S 14th St Burlington, CO 80807 Contact: Angela Berry (719) 346-7158 FAX:(719) 346-8066 kccns@ria.net
Larimer	Ruth Coberly, Administrator Larimer County Dept of Human Services 1629 Blue Spruce Drive, #209 Fort Collins, Colorado 80524 Contact: Cheryl Smith (970) 498-6456 (970)498-6800 FAX: (970) 498-6455 coberlrz@co.larimer.co.us smithcz@co.larimer.co.us
Las Animas, Huerfano	Bill Aragon, Director Las Animas County Dept of Social Services 204 South Chestnut Trinidad, CO 81082 Contact: Robert Bertolino Laurie Ringo (719) 846-2276 FAX: (719) 846-4269 lacounty1@activematrix.net

Counties served	Agencies
Mesa	Thomas Papin, Executive Director Mesa County Dept of Human Services Diann Rice ricdi@mcdss.co.gov Ron Danekas danro@mcdss.co.gov PO Box 20000 Grand Junction, CO 81502-5035 Physical Address: 2952 North Avenue Grand Junction, CO 81501 Diann (970)248-2709 Ron (970)248-2794 Contact Number: (970)248-2888 Contact Persons: Dyann Walt (970)248-2799 Vickie Clark (970)248-2802 (970) 241-8480 (Main #) FAX: (970) 248-2849
Montezuma, Dolores	Lori Cooper, RN, Director of Nursing Montezuma County Health Department County Annex Building 106 West North St Cortez, CO 81321-3189 Contact: Jane Duncan X 237 (970) 565-3056 FAX: (970) 565-0647 mtzheal@fone.net
Montrose, San Miguel, Ouray	Mary Sawicki Montrose County Dept of Social Services PO Box 216 Montrose, Colorado 81402 Physical Address: 107 S. Cascade Montrose, CO 81402 Contact: Mabel Risch, Supervisor Mike Shaver X 133 (970) 249-3401 FAX: (970) 249-3402 mabel.risch@state.co.us
Morgan, Logan, Sedgwick, Phillips, Yuma, Washington	Sandra Baker, Executive Director Northeastern Colorado Area Agency on Aging 231 Main Street, Suite 211 Fort Morgan, CO 80701 (970)867-9409 FAX: (970)867-9053 Contact: Jan Binkley (970) 867-1840 FAX: (970) 867-1850 aaa@twol.com
Otero, Crowley	Joseph Carrica, Director Otero County Dept of Human Services PO Box 494 La Junta, CO 81050 Physical Address: Courthouse, 13 W 3rd La Junta, CO 81050 Contact: Donna Rohde (719) 383-3167 FAX: (719) 383-4607 lavaaa@ria.net

Counties served	Agencies
Prowers, Baca	Jacqueline Brown RN, MSN, Director Prowers County Public Health Nursing Service 1001 S Main Street Lamar, CO 81052 (719) 336-8721 Contact: Linda Neuhold, RN Charity Rink (719) 336-1015 FAX: (719) 336-9763 pcoltc@yahoo.com
Pueblo	Del Olivas, Director Pueblo County Dept of Social Services 212 W. 12th Street Pueblo, CO 81003 Contact: Judy Barnard (719) 583-6845 FAX: (719) 583-6348 barnard@co.pueblo.co.us
Rio Grande, Mineral	James Berg, Director Rio Grande County Dept of Social Services 1015 6 th St PO Box B Del Norte, CO 81132 719) 657-2138 FAX: (719) 657-4013 Rio Grande County OLTC Address: (12/7/1999) 925 6th St. Del Norte, CO 81132 Contact: Jackie Stephens (719) 657-4208 FAX: (719) 657-4211 jackies@vanion.com
San Juan, La Plata, Archuleta	Lynn Westberg, Director San Juan Basin Health Department P.O. Box 140 Durango, Colorado 81302 Physical Address: 281 Sawyer Dr Durango, CO 81301 Contact: Rita Fowler, RN (x237) (970) 247-5702 FAX: (970) 247-9126 lynn@sjbhd.org
Weld	Linda Piper, Director (Eva Jewell, effective 3/1/01) Weld County Area Agency on Aging PO Box 1805 (send to PO Box) Greeley, Colorado 80632 Physical Address: 1551 North 17 th Avenue Contact: Eva Jewell (x3331) Sandra Hasch (x3325) (effective 3/1/01) (970) 353-3800 FAX: (970) 356-3975 ejewell@co.weld.co.us

Private Duty Nursing Checklist

Name: _____

Date Faxed/Mailed: _____ (Faxed documents do *not* have to be mailed)

Expected Start Date: _____

The following information needs to be received by CFMC on or before the start date. It is preferred that information is sent 1-2 weeks prior to start date for timely authorization.

Admission

*Medicaid #

Admission Packet

*Application form - 4 pages

*Certification Section - Must be complete

Physician signature on Certification

*Insurance information

Letter of insurance denial, if applicable

*PAR form

*485 Plan Of Care

*If hospitalized at admission, may use discharge orders to include number of nursing hours per day. May add verbal orders if necessary.

*Assessment

*If hospitalized at admission, may use H & P consults.

Foster care plan, if applicable

EPSDT Screening form and exam results from physician if routinely requested beyond 20 hours per day.

Recertification/Transfer

CFMC needs the following on or before the start date

*PAR

*485 Plan Of Care

*Summary/Assessmen
t

* Indicates items needed by CFMC on or prior to the start date. Even though the client is "eligible", prior authorization is required for all days on the PAR. CFMC has 5 days to review the PAR.

CFMC Fax 303-695-3377 - preferred

303-695-3376 - 2nd option

CFMC Phone Sharon Bren R.N. 303-695-3340, extension 3035

1-800-888-7053, extension 3035

EPSDT
Extraordinary Home Health Checklist

Client name: _____

Admission

- Client Information form
- Agency Information form
- Detailed information of the reason for the request - What makes this extraordinary?
- Medical necessity documentation by physician, based on EPSDT findings, such as H & P or medical consult.

Admission/Recertification/Transfer

- Updates of admission information as necessary
- Completed PAR form - Include **all** HH services provided under Medicaid
- Check #17 HH EPSDT request
- Current Plan Of Care
- Current summary of update
- Detailed description of all Home Health services to be provided per visit
- HHA basic and extended units and description of skilled tasks per unit on 485 or HHA care plan
- HHA times in and out
- Therapy evaluation/progress/updates
- Place of service
- If place of service is school, Individual Education Plan (IEP) and Individual Health Plan must be obtained from parent.

CFMC must have all information on or prior to the start date before approval or denial can be determined.

Mail to: CFMC,
Attn: Sharon Bren, R.N.
P.O. Box 17300
Denver, CO 80217-0300

Fax to: 303-695-3377 - preferred
303-695-3376 - 2nd option

**EPSDT
Extraordinary Home Health Information
Agency Information**

Client name: _____

Date submitted: _____ **Phone #:** _____ **Fax #:** _____

Agency Name: _____ **Provider #:** _____

Reason for requested extraordinary Home Health services

- Place of service**
- Services exceed the maximum cap per day**
- HHA unskilled services only**

	Services already being provided under Medicaid Home Health	Additional extraordinary services requested per visit
PT	_____	_____
OT	_____	_____
ST	_____	_____
CNA	_____	_____
RN/LPN	_____	_____

Are any of these visits outside the home? _____

Could any of the above needs be met through outpatient, PDN, or the school? _____

CFMC must have all information on or prior to the start date, before approval or denial can be determined regarding the starting of services.

Mail to:
CFMC
Attn: Sharon Bren, RN
PO Box 17300
Denver, CO 80217-0300

Fax to:
303-695-3377

Phone number:
303-695-3340, extension 3035

**EPSDT
Extraordinary Home Health Information
Client Information**

Date: _____

Name: _____ **M** **F** **DOB:** _____

Address: _____

Phone #: _____

SSN: _____ **Medicaid State ID:** _____

Attending physician: _____

Diagnosis: _____

ICD code: _____

Technology: _____

Eligibility or enrollment in other State programs: _____

Caregiver name: _____ **Relationship:** _____

CFMC must have all information on or prior to the start date, before approval or denial can be determined regarding the starting of services.

Mail to:
CFMC
Attn: Sharon Bren, RN
PO Box 17300
Denver, CO 80217-0300

Fax to:
303-695-3377

Phone number:
303-695-3340, extension 3035